

King County Health Reform Initiative 2006 Employee Survey



King County

Please complete the following questions about the King County Health Reform Initiative by checking the box that best reflects your opinion or by writing in your answers to the question. All responses will be anonymous and confidential. Results will be reported in aggregate only and will be used to assess and improve the King County Health Reform Initiative.

1. Please rate how useful each of the following is as a source of information about ways to reduce personal health risks and maintain healthy behaviors. *Please rate each source using a 5-point scale, where 5 means "Extremely useful," and 1 means "Not at all useful."*

	Not at all useful (1)	2	3	4	Extremely Useful (5)	Have not seen/ received
Health Matters Newsletter	1	2	3	4	5	9
Health Reform Initiative Web Page (www.metrokc.gov/employees)	1	2	3	4	5	9
Global email messages about the Health Reform Initiative	1	2	3	4	5	9
In-person presentations	1	2	3	4	5	9
Brochures	1	2	3	4	5	9
Posters	1	2	3	4	5	9

2. How effective is each of the following as a way to receive information about the King County Health Reform Initiative? *Please use a 5-point scale, where 5 means "Extremely effective," and 1 means "Not at all effective."*

	Not at all effective (1)	2	3	4	Extremely effective (5)
US mail to home	1	2	3	4	5
Email at work	1	2	3	4	5
King County Health Reform Initiative Web Page (www.metrokc.gov/employees)	1	2	3	4	5
Bulletin boards at work	1	2	3	4	5
In-person presentations	1	2	3	4	5
Video presentations available on DVD	1	2	3	4	5
Video presentations streamed on the Internet to view on your PC	1	2	3	4	5
Podcasts (audio presentations you can download onto your PC or MP3 player)	1	2	3	4	5

3. What resources are available to you through King County to reduce personal health risks and maintain or increase healthy behaviors? *Please check all that apply.*

- ☐ Weight Watchers at Work
☐ Gym Discounts
☐ Walking maps
☐ Healthy Workplace Funding Initiative equipment or services
☐ Nurse help line for county employees
☐ Flu shots
☐ Healthy snack options in vending machines
☐ Other. Please specify. _____

Please check the boxes below that best reflect your opinions concerning each of the following statements about health risks and healthy behaviors.

4. I am very knowledgeable about my personal health risks.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

5. I know what to do to reduce my personal health risks.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

6. I know what to do to maintain healthy behaviors.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

7. My choices in doctors and other health care providers affect health care costs.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

8. It is easier to reduce my personal health risks now than it was a year ago.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

9. I understand the risks associated with eating an unhealthy diet.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

10. I am knowledgeable about what constitutes a healthy diet.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

11. I understand the benefits of good nutrition.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

12. I make healthy choices about what to eat.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

13. I am knowledgeable about what constitutes beneficial physical activity and exercise.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

14. I understand the benefits of physical activity and exercise.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

15. I know how to incorporate physical activity and exercise into my daily life.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

16. I use stairs (rather than an elevator or escalator) when I can.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

17. I exercise regularly.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

18. I understand the risks associated with smoking tobacco.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

19. My supervisor supports employees in improving health and maintaining healthy behaviors.

- ☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree

20. What would help you better manage your personal health risks and maintain healthy behaviors?

[illegible]

Please check the boxes below that best reflect how often you engage in the following practices.

21. How often do you do each of the following:

	Never	Seldom	Occasionally	Frequently	All the time
Prepare for a health care provider's visit by writing a list of your symptoms and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take notes during the visit to be sure to remember important facts for later reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bring a list of your current medicines (both over-the-counter and prescription) and vitamins to a health care provider's appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask about the risks or whether options are available when your health care provider recommends a medical test or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask whether there are less costly treatment options available that should be considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask whether there are less costly drug options available that should be considered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your health care provider about sources of information you can use to educate yourself on your health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your health care provider about things you should do to improve your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participate (e.g., ask questions and make suggestions) with your health care provider when making decisions that affect your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek information and recommendations about a health care provider before you see the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How satisfied are you with your current primary health care provider?

- ☐ Extremely satisfied
 ☐ Very satisfied
 ☐ Somewhat satisfied
 ☐ Not very satisfied
 ☐ Not at all satisfied

Please complete the following questions so that we can aggregate your responses for analysis.

23. Earlier this year, did you complete and return the wellness assessment questionnaire?

- ☐ Yes
☐ No

24. Are you participating in or did you complete an individual action plan as part of the 2006 King County Health Reform Initiative?

- ☐ Yes
☐ No
☐ Does not apply/did not participate

25. What did your individual action plan involve? *Please check one.*

- ☐ Filling out an activity log (Route 66 or Colorful Choices)
☐ Taking phone calls from a health coach
☐ Does not apply/did not participate

26. Did participating in an individual action plan help you build or maintain healthy habits?

- ☐ Definitely
☐ Probably
☐ Maybe or maybe not
☐ Probably not
☐ Definitely not
☐ Does not apply/did not participate

27. How long have you worked for King County?

- ☐ New Hire – hired after January 1 of this year
☐ .75 - 5 years
☐ 6-10 years
☐ 11-15 years
☐ 16-20 years
☐ More than 20 years

28. In what department or agency do you work? *Please check only one.* (If you work with more than one, please check the department with which you are primarily associated.)

<input type="checkbox"/> Adult & Juvenile Detention	<input type="checkbox"/> Assessments	<input type="checkbox"/> Community & Health Services
<input type="checkbox"/> County Council	<input type="checkbox"/> Development & Environmental Services	<input type="checkbox"/> District Court
<input type="checkbox"/> Executive's Office	<input type="checkbox"/> Executive Services	<input type="checkbox"/> Judicial Administration
<input type="checkbox"/> Natural Resources & Parks	<input type="checkbox"/> Prosecuting Attorney's Office	<input type="checkbox"/> Public Health
<input type="checkbox"/> Sheriff's Office	<input type="checkbox"/> Superior Court	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other. Please specify. _____		

29. Do you have any dependents who are covered on your King County health insurance?

- ☐ Yes, spouse or partner only
☐ Yes, children only
☐ Yes, both spouse/partner and children
☐ No, no dependents covered

30. What is your gender?

- ☐ Female
☐ Male

Thank you very much for your time and opinions. Please send this survey to Health Matters, YES-ES-0500 in the envelope provided

